UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Regival	1 Brewer	
this action)	OSCV1541 JUDGE KENNELLY MAG.JUDGE COX (To be supplied by the Clerk of this Cou	_ i <u>rt</u>)
	Avata servies Aubuic Health	
defendants in use "et al.")	the full name of ALL this action. Do not	
CHECK ON	E ONLY:	
	COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 19 U.S. Code (state, county, or municipal defendants)	183
· .	COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TIT 28 SECTION 1331 U.S. Code (federal defendants)	LE
	OTHER (cite statute, if known)	

I.	Plair	ntiff(s):
	A.	Name: Reginand Brewen
	В.	List all aliases:
	C.	Prisoner identification number: 20070067619
	D.	Place of present confinement:
•	E.	Address: Po Box 089002 Chicago IL 60608
	numb	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. per, place of confinement, and current address according to the above format on a rate sheet of paper.)
II.	(In A posit	ndant(s): A below, place the full name of the first defendant in the first blank, his or her official ion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.)
	A.	Defendant: Shepiff of cook county
		Title: Boss
		Place of Employment: cook country Jail
	B.	Defendant: Capac Hearth Services DR
		Title: OR
		Place of Employment: Coole County Bail
	C.	Defendant: 0 - 0 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1
		Title: Johal winem MO MANCOMMISSONER
		Place of Employment: City Chicago

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

Approxii	nate date of filing lawsuit: 7 = 6 - 8 - 68
-	laintiffs (if you had co-plaintiffs), including any aliases:
	efendants: C-MAK HELTH SERVICES ESEL COUNTY Jail
	which the lawsuit was filed (if federal court, name the district; if state county): <u>No & T リッル のでも ア Rに</u>
name the	
name the Name of Basic cla	judge to whom case was assigned:
Name of Basic cla	im made: Diwe Medical Wall Also got
Name of Basic cla	judge to whom case was assigned:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

Approximate date of disposition: Not Sur 4

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I COME IN DIX 10 Jan-4-8 I was Stip scarch IN THE HULLAUMY AND NOT IN THE ROOM WEST I Was Suffes To Be Dalle at one of The coan Dutie. Was powler He did NO+ do The Starth HE HARWIT was Being DOME ALSO LUTENASTUCKET TO DE OFF all Your couthes And Throw on the Floor Dick up Your Boxes This Bread Down And CHEFT This Have got TB here it's Not good group Livering LUTERTUCKER gits Mad Hr will TEIL You z git NICIKIT HAUX You Just Stand Thair ha wild That PROPIE are write him up Fillzing haw Suite he Stop doing This But if You Fix That Came Relin The Basment Yall will It don't work couse is you actout of THE GO will THE ABUN here we Ant no came it tout AS THE STIP STAPEN GOOD THAT USE Them I want Too count

Jan 8-08 win I came Back Form count THE DON'T IT Agin And put on THE ELVTEN UP STAIRS I word Back 700 COURT 300-4-07 It Was Done The Same - way unite release 7ill - These have suity Threst co JUST do what That wont 2 it NOT SOFE THE SHERIFF NELL COMES THORE 700 How Thair lail is Run win the Dept Hearly Gromes Those That git a Tip week Bufok BY The Book power wast This Places wair we Taking off our colling on this Nesty wext Man How Gould Be good by gould I win city chicago has gave The coole county Jail a Manshine Too Sea Che US with him we come Back Form court its in Die 5 wich Entake Run. US Tyrow And Tauss US Back in Die 7+1 They Bo what Thair is 1600w ONE EIRS can And sit award with it superint Endens & Lutinus Also DR A Dunhap She GOULD TELL Them NOT TOO do misit will Fall Back on Yall This Dowt Make My Fill good as on man TOO TYLL YOU TO BEALDURE and SPRED TOUTUSS Ches And cuffe we are not convicts yet dus } PETAINER This amit bir But Iam not Mit THE OFFICES WHO TOOK OVER TO TEN WES CO SHIEL WES DOINS THE SEARNE WICH WILL NOT RISHT HOOK BACK ON Revised 9/2007 BER 4 GOSMITH COPOWER LUYETCHER MSGO BUSH give US SUM BORP And Thing win we got thosw!

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I wont form Min 700 men And Thin Yall put me with mit Kills I was Be stip starth with man Most will over SET women as in to fill the Scittenices has 700 step in we as 700 step in we for your git And That Down when it that ship treat then the That believes in take I want 15,000 4 mm 7 plain what I wont VI. The plaintiff demands that the case be tried by a jury. YES \ \Box

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this MGN day of 9, 20 B

Regional Branch

(Signature of plaintiff or plaintiffs)

Regional Branch

(Print name)

200700107617

(I.D. Number)

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